

INDUCTION OF LABOUR

What is induction of labour?

Induction of labour is a medical process by which labour is stimulated to begin artificially. A related intervention is augmentation (acceleration), when a labour which has started naturally is artificially stimulated or sped up.

Induction is increasingly common in Australia, with a growing number of babies induced for social or non-medical reasons.

Understanding what induction is, and why it may be an important and even life-saving intervention for some women, will help you to make informed decisions. This brief summary supports the basic understanding that it would be unwise to interfere with the natural process, without a valid reason.

“As with all medical interventions, the balance between benefit and risk becomes weighted towards risk when powerful drugs and procedures are used on essentially healthy individuals. Drugs used for induction and augmentation can cause extra risks for mothers and babies because they produce an abnormal labour. These drugs will also interfere with the orchestration of the mother’s ecstatic hormones – and possibly with the brain-hormone system of her baby as well.”
Dr Sarah J Buckley 2005.

How is it done?

The most commonly used drug for induction or augmentation is a synthetic form of the hormone oxytocin (Syntocinon®). This is administered in an intravenous (IV) fluid.

Other common methods include artificial rupture of the membranes, and the use of prostaglandins inserted into the vagina.

Why?

Medically, there are ‘indications’ or conditions in which induction of labour will usually be considered. These include diabetes, blood pressure problems and toxemia, blood group problems due to Rh factor, prolonged pregnancy (usually beyond 41 completed weeks), rupture of membranes without labour commencing, and suspected poor growth in the womb (intrauterine growth restriction, IUGR).

Induction past 41 weeks may save 1 in 300 to 1 in 500 babies from unexpected death. This benefit must be weighed up against the risks of induction by the expectant mother. Many inductions are done for social reasons. If you have been offered induction of labour, and are not convinced that there is a valid reason for interfering with the natural process, ask your doctor or midwife to

explain why they want to induce labour.

How does natural labour differ from induced labour?

Your own natural oxytocin, which is the ‘love’ hormone produced in the middle part of your brain, is naturally released into your blood stream, as your labour progresses spontaneously. Synthetic oxytocin acts very differently to your own natural oxytocin, and these differences can cause problems for you and your baby.

Synthetic oxytocin may:

- Cause contractions to occur close together, leaving insufficient time for your baby to recover from the reduced blood flow during contractions
- Cause very intense and painful contractions that increase the need for painkillers (such as epidurals, pethidine) which can affect the progress of your labour, your own wellbeing, and/or the wellbeing of your baby in the womb or after birth
- Increase the resting tone of your uterus, leading to overstimulation which can deprive your baby of blood and oxygen
- Produce abnormal fetal heart rate patterns, indicating fetal distress, and the need for caesarean birth
- Increase the risk of a caesarean birth: this risk is approximately doubled when a first-time mother is induced
- Increase the likelihood of your baby needing to be resuscitated at birth
- Disrupt complex hormonal systems that Mother Nature has designed for safety, ease and pleasure in birth and early mothering
- Increase the risk of haemorrhage after the birth
- Lead to rupture of your uterus (a rare, but life-threatening situation)

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References to academic published material are available at www.maternitycoalition.org.au, or by email to inquiries@maternitycoalition.org.au
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